



# Ekurhuleni

METROPOLITAN MUNICIPALITY  
DEPARTMENT OF HEALTH AND  
SOCIAL DEVELOPMENT

REGION: SOUTHERN REGION  
SUB-REGION: SOUTH 2B/A  
TEL NUMBER: (011) 861-2364  
CERTIFICATE NUMBER: AKS-34

## CERTIFICATE OF ACCEPTABILITY

(In terms of Section 3 of Regulations Governing General Hygiene Requirements for Food Premises and Transport of Food (G.N. R918 of 30 July 1999))

Name of Applicant:  
**Ntombizodwa H Latola**

Identity Number:  
**6510300241082**

Of  
Trade Name:  
**Breakthrough Day Care**

Trading Address:  
**1577 Tshongweni Section, P O Katlehong, 1431**

Address where food is prepared:  
**1577 Tshongweni Section, P O Katlehong, 1431**

### Certification and Restrictions

It is hereby certified that the said premises comply with the Provisions of Regulations 5 and 6 of Government Notice R918 of 30 July 1999 in respect of the handling of Food in the manner specified.

Restricted to the preparation and serving of meals for consumption on the premises.

Endorsements in terms of Regulation 15 Date: 26/01/06 Signature of EHP: Shamase.....

A Shamase

HI 0050628

**Environmental Health Practitioner**

**Practice Number:**

**Date issued: 25 January 2006**

This certificate is not transferable and may be withdrawn at any stage. It is also issued subject to compliance with requirements from other departments.